

Employee Name: \_\_\_\_\_

| Date                 | Destination, Purpose, Description<br>(if claiming mileage you must include your TO and FROM location) | Miles | ATTACH RECEIPTS<br>(Itemized Receipts are Required) |       |         |       | Total |
|----------------------|---|-------|---|-------|---------|-------|-------|
|                      |   |       | Lodging   | Meals | Parking | Other |       |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
|                      |   |       |   |       |         |       | -     |
| <b>Total Mileage</b> |   | -     | <b>@ \$0.535 cents per mile (eff 1/1/2017)</b>      |       |         |       | -     |
| <b>GRAND TOTAL</b>   |   |       |   |       |         |       | -     |

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.*

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

| FOR OFFICE USE ONLY |        |
|---------------------|--------|
| ACCOUNT CODE        | AMOUNT |
|                     |        |
|                     |        |
|                     |        |